Ceremonial Role Events and Ticket/l . Agency Name	The state of the s	San Jose	10 10 10 10 10 10 10 10 10 10 10 10 10 1	A Public Document
City of X	4 \ -) Sel - 1086	City Clark	Form 802
Division, Department, or Region (if applicable)		2019 FEB 1:	AH 9:1.2	For Official Use Only
Council Distri	ct.	1	AM 9: 43	
Designated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)	
85354907 andres grintina			Date of Original Filin	g:(month, day, year)
. Function or Event Information	1 9 au	Joseca	- 500	11 (00
Does the agency have a ticket policy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$	
Event Description: Provide Title/ Expl		oate(s)	11/19	
Ticket(s)/Pass(es) provided by agency? Yes	عبر <u></u>	no: <u> </u>	u Jose /	Joens Att
	_	yes:	Name of Source	
Was ticket distribution made at the behest Yes of agency official?	□ NoX□ "	yes	Official's Name (Last, Fir	st)
. Recipients • Use Section A to identify the agency's department or unit.	• Use Section R to i	dentify an individ	ual • Use Section C to id	entify an outside organization
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	public purpose made p	oursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of th	e following:
		Cerem	onial Role Other	Income [
		lf checki	ng "Ceremonial Role" or "Other"	' describe below:
			onial Role Other ng "Ceremonial Role" or "Other"	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made p	oursuant to the agency's policy
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os lagos Neighborh	del D	Lec	osnito	
Elsiden Js			0	
Verification	<u> </u>			
I have read and understand FPPC Regulations 1894	1.1 and 18942. I	have verified th	at the distribution set	t forth above, is in accordance
with the requirements.	[SOL	me ra	INVII AID	ione office
Signature of Agendy Head or Designee F	Print Name	25 10	Title	(month, day, year)
Comment:				